

Please forward assigned FOIA request to your Division Director so they can determine if request should be assigned to RA for responsive records. (This includes 6RA, 6RA-D and 6RA-DA.)

FREEDOM OF INFORMATION ACT REQUEST
EPA-R6-2016-009055

REQUEST DATE: August 2, 2016

REQUEST RECEIVED: August 3, 2016

REQUESTOR INFORMATION:

Meagan Hennenfent
Sentinel Imports
1261 W 86th St.
Suite E5
Indianapolis, IN 46260

Email: mlhennenfent@gmail.com
Fax: # N/A

Work Phone # 317-636-5722

FEE CATEGORY: Commercial

*****SUBJECT*****

Copies of EPA Notices of arrival for pesticides containing Sulfometuron During the period March 1, 2016-June 30, 2016. In the event of CBI Assertions, I can accept redacted records. List of relevant EPA Registration Numbers attached.

*****ASSIGNED OFFICE(S)*****

6MM

DUE DATE: August 31, 2016

*****SPECIAL INSTRUCTIONS TO DIVISIONS*****

1. Always note Fee commitment by requester: \$ 25
2. Call the requester with a fee estimate, if cost is expected to exceed amount committed \$ 25
3. Each Division must obtain Division Director or delegate concurrence on denial log before routing to ARA signature.
4. Send a copy of the response and cost information sheet to the FOIA Office (6MD-OE).

*****DO NOT WRITE IN THIS SPACE, FOR FOIA OFFICE USE ONLY*****

BILLABLE COST

\$4.00	\$7.00	\$10.25	Pages	Other	TOTAL
--------	--------	---------	-------	-------	-------

6MM

ADMINISTRATIVE COST

Postage	Free Docs.	Other	TOTAL
---------	------------	-------	-------

EPA-R6-2016-009055

Copies of EPA Notices of arrival for pesticides containing Sulfometuron During the period March 1, 2016- June 30, 2016. In the event of CBI Assertions, I can accept redacted records. List of relevant EPA Registration Numbers attached.

EPA #	Company
228-408	Nufarm
228-690	Nufarm
352-554	Dupont
432-1552	Bayer
432-1557	Bayer
34704-1002	Loveland
55146-133	Nufarm Americas
55146-144	Nufarm Americas
35935-58	Nufarm Limited
66222-169	Makhteshim
66222-172	Makhteshim
81927-5	Alligare
81927-26	Alligare
83558-9	CELSIUS



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6

1445 ROSS AVENUE, SUITE 1200

DALLAS, TEXAS 75202-2733

CERTIFICATION OF ADEQUACY OF SEARCH ON
"NO RECORD" RESPONSES

I, _____, certify that I am employed by the Environmental Protection Agency, Region 6, in Dallas, Texas (or acting as a representative) as _____, that I am familiar with the records requested and/or that I am responsible for conducting the search for responsive records for Request Identification Number **EPA-R6-**_____, and that I have conducted an "adequate" search for responsive records by searching the below listed location(s) (as applicable):

- 1.
- 2.
- 3.

I further certify that I am aware that a search for responsive records need not be perfect, only adequate and that adequacy is measured and/or determined by the "reasonableness" of the effort of the search in light of the specific request. Specifically, I have searched for the documents in all places that it is practical for the documents to be located. Moreover, after conducting an adequate search for records on behalf of the

_____ Division/Unit, I have located no records responsive to this request or portions thereof. Further, I am attaching an itemized listing of all records which my search supports are not in the Region's possession.

Dated: _____,

Signature of Person Conducting Search

Dated: _____,

Signature of Designated Supervisor for
Person Conducting Search

Approved by OGC

STAFF CHECKLIST FOR TRANSMITTAL OF RECORDS/INFORMATION

EPA-R6-

YES NO N/A

Program has responsive records

Searched all possible locations (hard copy/e-mail,
Files in workstation, file rooms, hard/flash/shared drives,
CDs, blackberries etc.)

Advised RFO/DFC of any special circumstances/
Sensitivity related to the FOIA Request

Consulted with the FOIA Requester and/or RFO/DFC
For further clarification of the request

Completed "Certification of Adequate Search" form
for "No Records" Response

Completed Cost Sheet

Provided responsive records to the assigned FOIA
Specialist by due date on transmittal form

Date: _____ Signature: _____ Ext. _____

Printed Name: _____ Office Name: _____

COMMENTS: _____

**THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE REGIONAL
FOI OFFICER ALONG WITH THE RESPONSIVE RECORDS, A COST SHEET AND
"NO RECORDS" CERTIFICATION FORM (IF NECESSARY), FOR EACH FOIA
REQUEST PROCESSED.**

INTERNAL USE ONLY – DO NOT SEND THIS TO REQUESTER

Please read instructions on back before completing form.

FOIA FEE CALCULATION WORK SHEET

1.REQUEST NUMBER EPA-R6-	2.TYPE OF REQUESTER	3.DATE COMPLETED	4.ACTION OFFICE
<p>NOTE: The Freedom of Information Act and EPA's regulations state that the Federal Government must obtain a fee commitment from a FOIA requester before billing can occur. So if no fee commitment is plainly given in the request letter or if other Divisions also have records, please contact the requester. Provide the requester with an estimate. Make sure the requester understands what program records you refer to and make a note of his/her fee commitment.</p>			
5. FEE COMMITMENT AMT		6. DATE OF VERBAL/WRITTEN COMMITMENT	7. FEE COMMITMENT RECEIVED FROM
8. CLERICAL PERSONNEL		TOTAL HRS	1/4 HOUR RATE
a. Search - \$4.00 @ 1/4 HOUR			x \$4.00 =
b. Review - \$4.00 @ 1/4 HOUR			x \$4.00 =
9. PROFESSIONAL PERSONNEL		TOTAL HRS	1/4 HOUR RATE
a. Search - \$7.00 @ 1/4 HOUR			x \$7.00 =
b. Review - \$7.00 @ 1/4 HOUR			x \$7.00 =
10. MANAGERIAL PERSONNEL		TOTAL HRS	1/4 HOUR RATE
a. Search - \$10.25 @ 1/4 HOUR			x \$10.25 =
b. Review - \$10.25 @ 1/4 HOUR			x \$10.25 =
11. DUPLICATION/REPRODUCTION		TOTAL	RATE OR ACTUAL
a. Paper or Computer Page (2 sided copy = 2 copies)			x \$.15 pg =
b. Diskette or CD (Specify 3 CD's, 1 CD etc.)			x \$ 1.00 each =
c. Microfiche			x \$ 1.00/sheet =
d. Microfilm			x \$10.00/cartridge =
e. Video or Audio Cassette (Specify)			x \$5.00/each =
f. Maps			
g. Photos			
12. OTHER COSTS		TOTAL	RATE OR ACTUAL
a. Computer Cost			x =
b. Certifications			x \$25.00 =
c. Special Handling – Overnight Mail			x =
d. Other			x =
13. ACTUAL ADMIN. COST FOR NON-BILLABLE STAFF TIME		TOTAL	1/4 HOUR RATE
a. Preparer's Name: _____ Grade/Step: _____			x =
b. Preparer's Name: _____ Grade/Step: _____			
14. FOR FOIA OFFICE USE ONLY			
a. TOTAL ADMINISTRATIVE/PROCESSING FEES _____		c. TOTAL CHARGED _____	
b. TOTAL COLLECTABLE FEES _____		d. FEES WAIVED/REDUCED _____ YES OR NO	